151749) { } }	Under the Papers	U.S. Patent and 1 d to a collection of in DN RECORD		PTO/SB/06 (08-03) or use through 7/31/2008. OMB 0651-0032 ce; U.S. DEPARTMENT OF COMMERCE as it displays a valid OMB control number. Application or Docket Number						
			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY					
	-			(Column 1)		(Column 2)		7		SMALL	EMILLA
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		DEPENDENT CLA CER 1.16(b))	045	minus 3 :		: .					
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	MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							or	+3	
	. 11	* If the difference in column 1 is less than zero, enter "0" in column 2					IATOL		OR	TOTAL	
Shaur	AMENDMENT A	Total (a) CHE vic(i)	(Column 1) CLAIMS REMAINING AFTER AMENDMENT The state of multiple	Minus	(Column ?) HIGHES I NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA F. R 1 16(d))	SMALL 18/16 18/16 18/16 18/16 18/16 18/16 18/16 18/16 18/16 18/16	ADDI- TIONAL FEE	OR OR OR		R THAN ENTITY ADDI- TIONAL FEE
									OR	ADD'L FEE	
		T	(Column 1)		(Column 2)	(Column 3)					
	AMENDMENT B	Total (27 CFR 116.) Independent (21 CFR 1161)	REMAINING AFTER AMENDMENT	Minus	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	x s = =	ADDI- TIONAL FCE	. OR	A S = = > S =	ADDI TIONAL FEE
	4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(3))							CIK	+ ş =	
									OR	TOTAL ADD'L FEE	
•	<u></u>	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									
	ENDMENT C	Total (CSCS vines	REMAINING ALTER ALLENDMENT	Ninus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT ENTHA	EATE =	ADDI TIQNAL FEE	OR.	RATE x s=	ADDI TIONAL FEE
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This contribute of a formation is recommended by 35 U.S.C. 122 and 37 C.H.S.1.4. This collection is a formation to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USCTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FLES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in Oxform 3. " If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 120" *** If the "Highest Number Previously Pard For" IN THIS SPACE is less than 3, enter "3"